		•	Docket No	o.:
DECLARATION AND POWER	<u>OF ATTORNEY</u>	FOR UTILITY OR DESIGN PAT	TENT APPLICATIO	N (37 CFR 1.63)
As a below named inventor, I hereby name. I believe I am the original, first plural names are listed below) of the st	declare that: M	ly residence, mailing address, and ci	tizenship are as stated	below next to my
		wire for use with a catheter"		
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the application of which				
is attached hereto	OR	x was filed on August 9. 2004	as PCT International A	Application .
		Number PCT/IE 2004/000107		-
		(Confirmation No.), and was am (if applicable).	ended on
I hereby state that I have reviewed and by any amendment specifically referre	d understand the o	contents of the above identified appli		laims, as amended
I acknowledge the duty to disclose	information whi	ich is material to patentability as	defined in 37 CFR 1	.56, including for
the national or PCT international filing I hereby claim foreign priority under 3 breeder's rights certificate(s), or 365(a	date of the contin	d) or (f), or 365(b) of any foreign appropriational application(c) which decire	plication(s) for patent,	inventor's or plant
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I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

WASHINGTON OFFICE

23373
CUSTOMER NUMBER

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Mailing Address: Minehill House, Renville West, Oranmore, County Galway, Ireland.						
City Oranmore	State Galway	Zip		Country Ireland		
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Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature		1	Date			
Residence: City	State	Country		Citizenship		
Mailing Address:		1				
City	State	Zip		Country		
NAME OF THIRD INVENTOR:	*					
Given Name (first and middle [if any])		Family Name or Surnam	ie			
Inventor's Signature			Date			
Residence: City	State	Country		Citizenship		
Mailing Address:						
City	State	Zip		Country		
NAME OF FOURTH INVENTOR:						
Given Name (first and middle [if any]) Family Name or Surname						
Inventor's Signature			Date			
Residence: City	State	Country	C	Citizenship		
Mailing Address:						
City	State	Zip	c	ountry		
NAME OF FIFTH INVENTOR:						
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature		Date				
Residence: City	State	Country	c	itizenship		
Mailing Address:						
City	State	Zip	C	ountry		
NAME OF SIXTH INVENTOR:						